

Utah State Hospital

Occupational Therapy Policies and Procedures

OCCUPATIONAL THERAPY SERVICES MANUAL SECTION I DESCRIPTION OF OCCUPATIONAL THERAPY SERVICES

I. Occupational Therapy Organizational Chart

(to be included here)

II. Occupational Therapy Department Vision and Mission Statement

A. Mission Statement

We believe that personal empowerment and mastery lead to improved quality of life.

B. Vision Statement

Occupational Therapy will provide an environment which facilitates development of functional and social skills and improved self-esteem through participation in purposeful activity, which leads to optimal independence.

III. Description of Occupational Therapy Services

Occupational Therapy Services are provided by a physician's order for OT consultation and/or an assessment for any patient at the Utah State Hospital. Treatment is provided by licensed occupational therapists, certified occupational therapy assistants, and occupational therapy interns.

Occupational Therapy provides functional assessment and therapeutic treatment and training in the use of skills needed for activities of daily living and community living. Programs are located at the OT Shop, and two OT Skills Centers, one on the Forensic Unit and one on LHU. Individual consultation for specific psychiatric or physical disability needs is also provided upon referral from the physician. Treatment may address, but is not limited to, needs in areas of reality orientation, attention to task, increased cognitive skills, ability to work cooperatively with others, pre-vocational work skills, leadership skills, social skills, and independent living skills with hygiene/grooming, care of living space and personal items and clothing, and time, money, and nutritional management. The occupational therapists consult with staff as part of interdisciplinary program development with Adult Services, the Life Habilitation Unit, Forensic Unit, Hope Unit, and Youth Unit.

Therapeutic models emphasized by the Occupational Therapy Dept. include but are not limited to "Model of Human Occupation" and "Allen Cognitive Levels." The Director of Occupational Therapy Services is responsible for the overall quality of service. The director oversees the training and supervision of staff and students. Occupational therapists are licensed to perform assessments, provide treatment intervention, develop programs, and supervise staff occupational therapists, occupational therapy assistants, service extenders, students, and volunteers. Certified Occupational Therapy Assistants are licensed to assist with

administration of standardized assessments, provide treatment intervention, and supervise staff occupational therapy assistants, service extenders, students, and volunteers.

IV. Standards of Care

Standard I: Professional Staff

1. A patient will receive quality service from the Occupational Therapy Department in accordance with standards and licensure of the American Occupational Therapy Association, Utah State Hospital, and federal and state law.
2. A patient can expect the registered occupational therapist, occupational therapy assistant, and occupational therapy students to maintain and update professional knowledge, skills, and abilities through appropriate continuing education, in-service training, or higher education. The nature and minimum amount of continuing education will be consistent with state law and regulation.
3. A patient can expect adequate supervision of occupational therapy staff and occupational therapy students by the occupational therapist as defined by The American Occupational Therapy Association, Utah State Hospital, and federal and state law.

Standard II: Referral

1. A patient can expect the registered occupational therapist to respond to a doctor's referral in a timely manner.
2. A patient can expect the registered occupational therapist to evaluate his/her needs, strengths, and weaknesses for determining the appropriateness of the scope, frequency, and duration of services within the parameters of the law. Certified occupational therapy assistants and occupational therapy students may also participate in the evaluation/assessment process according to their training and skill and under the direct supervision of the occupational therapist.
3. A patient can expect the registered occupational therapist to refer him/her to other appropriate resources when the therapist determines that the knowledge and expertise of other professionals is indicated.

Standard III: Therapeutic Intervention

1. A patient can expect the occupational therapy staff to communicate his/her needs, goals, objectives, behaviors, and progress with the interdisciplinary teams to insure continuity of care.
2. A patient can expect the Occupational Therapy Department to provide state of the art programming and therapeutic intervention for patients in concert with the programming of Utah State Hospital and consistent with the standards and philosophical base of the American Occupational Association and its established principles and concepts of theory and practice.
3. A patient can expect to be included in the therapeutic treatment plan and will collaborate in writing his/her own objective. The objective will be added to his/her ICTP. The registered occupational therapist or designated staff will review the objectives with the patient as needed.
4. A patient can expect the occupational therapy treatment plan to address his/her individual needs in regards to age and developmental level, gender,

education, cultural and ethnic background, health status, functional ability, interest and personal goals and objectives.

Standard IV: Management

1. A patient can expect professional and adequate management necessary for efficient organization and provision of Occupational Therapy Services.
2. A patient can expect to have his/her suggestions, needs, and wants taken into consideration when applicable by the occupational therapy staff when developing programming or policies and procedures.

Standard V: Quality Improvement

1. A patient can expect the registered occupational therapist to monitor and document the quality of care.
2. A patient can expect to take part in this process according to his/her ability, interest, and appropriateness of the task.

Chapter 2:

Service Area Protocols

Documentation Guidelines For Timelines and confidentiality

Documentation provided by Occupational Therapy Services becomes part of the patient's legal chart and is comprised of the assessments, daily progress notes, monthly notes, and ICTP summaries. All assessments are performed by a licensed Occupational Therapy staff (OTR, COTA, or student under OTR or COTA supervision) and placed in the chart as part of the patient's permanent record. All documentation completed by the department is reviewed and approved by the licensed OTRs and if co-signature is required then it is signed by them.

For confidentiality purposes when sending e-mail containing a patient's name we use only a patient's first initial and last name or vice versa.

Documentation Timelines

1. Acknowledgment of referral of **doctor's order** is acknowledged by a note written in e-chart within 72 hours upon receiving the referral. The date of the doctor's order is included in the note as well as when assessment is to begin. If the patient is put on a waiting list, this is to be included. Assessment to follow is also indicated.
2. When indicated a **functional assessment screen** will be completed by the OT Department on a recent admission. Nursing will complete their screen with an admission assessment. If there are more than five of the total assistance indicators checked for a patient with their assessment then an automatic e-mail for an Occupational therapy screen will be sent to Peggy Evans, Director of Occupational Therapy. The OT Department will do the ACLS (a part of the functional assessment) within 3 days (72 hours) from admission. OT will determine if further assessment is needed. OT will give an assessment of functional level score to the treatment team with safety and treatment

recommendations.

3. **Initial Assessments** are to be completed within 3 weeks from the referral date and placed in the patient's chart on the unit. At times, it may take longer than 3 weeks due to delays, waiting lists, or patient lack of attendance to complete the assessment. The reason for delays needs to be included in the assessment.

4. At the time that a plan is initiated and treatment begun the goal and objective must be placed on the patient's ICTP.

5. Daily notes are completed the same day as the intervention and entered in e-chart.

6. Monthly notes are completed by the clinical date/updates of each month and entered in e-chart.

7. ICTP summaries and monthly updates are completed and turned into the secretaries (if you can't be present at the team meeting) on the day of or before the clinical or monthly meeting. Every effort should be made to be present at the meeting.

We copy all documentation and keep a copy in the patient's file in our department until the patient is discharged from the hospital, then documentation, other than what is in the patient record, is shredded.

Sharps Policy

All sharps will be kept in a locked drawer or closet when not in use. The sharps defined below may be checked out to staff or patients for use during the activity only by following the procedures mentioned below. Sharps include but are not limited to: knives, silverware, plastic eating utensils, peelers, tools, scissors, glass containers, gardening tools, woodworking tools, sharp craft items.

Procedures

1. Whenever a sharp is removed from the locked area it needs to be checked out and back in - no matter if it is staff or a patient using the sharp.

2. Patient may request a sharp to use during an activity. Upon staff's discretion the sharp item may be checked out to the patient.

3. Check out procedures are as follows and the information will be recorded on the forms provided:

3.1 Staff will retrieve the sharp item for the patient from the locked drawer or closet.

3.2 Staff will record the following information on the form provided:

2.2.a Description of the sharp

2.2.b Patient's name

2.2.c Staff's name

2.2.d Check out/in times and date

2.2.e Staff check for complete inventory before patient's leave with date and time

4. Staff will monitor for appropriate use of the sharp item while it is checked out.

All sharp items are to be locked up when not in use including during break times.

5. Following the return of the sharp item, the staff will return the sharp to the locked drawer or closet and check the item back in.

6. An inventory of the sharps will be completed at the end of each use to ensure that all sharp items were returned and accounted for.
 7. If a sharp item is unaccounted for, the staff will contact all units, security, and risk management to notify them of the item in question.
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Chemical Policy

All chemicals are placed in their designated areas separated from food. The OT area is locked when staff is not present. Chemicals include cleaning agents and craft supplies that contain materials that are harmful if swallowed or that injure the skin.

Procedures

All chemicals are approved by Risk Management for use in the Occupational Therapy Department. The chemicals are not used until the MSDS is in place and training is completed.

Staff receive education on all new chemicals. This includes training as to the hazard and the use of the appropriate personal protective equipment necessary for safety. Staff then demonstrate (through verbal review and observation by supervisor) that they are knowledgeable about the chemical and precautions taken during use or treatment in case of an incident. Patients using chemicals are monitored by staff during their use.

If staff or patients come in contact with a chemical that causes injury the following needs to be done:

1. Refer to the MSDS (Material Safety Data Sheets) for immediate care.
 2. Call poison control in Salt Lake city: 1-800-456-7707
 3. Call the patient's unit
 4. Return the patient to the unit
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Kiln Safety Operation Policy

It is the responsibility of staff to operate equipment in a safe manner. Only staff that have been checked out and passed on by a qualified operator of the kiln will be permitted to operate the kiln. They will also adhere to the policy established and posted in the kiln firing room.

Procedure

1. Inform staff of proper operating procedures.
 - 1.1 Printed information will be provided each staff operating the kiln.
 - 1.2 Informed staff will follow steps with a new operator their first time and will pass off informed and qualified users.
2. Safety precautions will be posted and adhered to.
3. A journal will be maintained.
 - 3.1 Record date/time started, length of time required for firings with initials of operator.
 - 3.2 Before firing a routine check will be made to follow manufactures safety instructions, precautions, procedures on how to operate your sitter.

3.3 Note results or any problems observed during/after the firing.

Procedure

1. Preparation of the Kiln.

1.1 Brush a thin even coat on the top of the shelves and on the bottom to prevent glaze drippings from sticking.

1.2 While re-coating with kiln wash is not necessary after each firing, glaze drops should be scraped off the shelves or dug out of the bottom as soon as they appear and a new coat of kiln wash should be applied to the area.

2. Loading the Kiln

2.1 Greenware should never be loaded when it is still moist. It could explode.

2.2 Low fire greenware may be stacked so that it touches each. It can be loaded without stilts.

2.3 Small short pieces go best on fire brick bottom. Large pieces will fire best if placed across two half shelves. Pieces the same height should be placed on the same layer. Ware should be fired in the position in which it will be used.

2.4 Glazed pieces must not touch each other, the floor or shelf in the kiln during the firing. The shelf tops and kiln floor must be kiln washed. Glazed pieces should be thoroughly dry and should not be fired with greenware pieces.

2.5 Underside of shelf must be clean so dust particles will not fall on glazed pieces.

2.6 At least two elements should be left between the floor of the kiln and the first shelf.

3. Technique for use of kiln sitter

3.1 Apply a thin coat of all purposeds, high fire kiln wash to the upper edges of the cone support and lower side of the actuating rod before each firing.

3.2 Raise the wieght and press the release claw down over the trigger.

3.3 Place a small pyrometric cone under the actuating rod and on top of the cone supports with your other hand. There must always be 3/16" of the thick end of the cone extending past the cone support.

3.4 Set the limit timer dial to the estimated firing time plus 15-30 minutes.

3.5 Cone number is determined by the type of glaze (number on jar of glaze) or if load is greenware.